APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

01 JUL 27 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 845363

1. Corporation Name

LEXEL ESTABLISHMENT, INC.

2. Principal Office Address		**3.** Mailing Office Address	
143 HaZionut Ave		143 HaZionut Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Haifa		City & State: HAIFA	
Zip: 34373	Country: ISRAEL	Zip: 34373	Country: ISRAEL

4. Date Incorporated or Qualified To Do Business in Florida: 02/27/1980

5. FEI Number: 98-0052274 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee

7. Name and Address of Current Registered Agent

600004524956--6
-08/08/01--01093--004
****900.00 ****900.00

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

REINSTATEMENT TS

Suite, Apt. #, Etc.:

City	State	Zip Code
Plantation	FL	33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Connie Bryan — REGISTERED AGENT MUST SIGN — Date: 7/27/01

CR2E061 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ZEKEVI, GAD	143 HaZionut, ~~ISRAEL~~	Haifa, Israel 34373
VST	ZEEVI, RAM	143 HaZionut, ~~Haifa, Israel~~	Haifa, Israel 34373

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Ram Zeevi, VST — 7/25/01 — +972-4-833-5777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #